



## VOLUNTEER INFORMATION FORM

### **Personal Data:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Ethnicity \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

\*\*Car Insurance Carrier \_\_\_\_\_ DL # \_\_\_\_\_ Exp. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (2) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (2) \_\_\_\_\_

### **Business / Company:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### **Contact Preferences:**

Please Check One

E-Mail: Personal \_\_\_\_\_ Business \_\_\_\_\_

Reminder Calls: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Basic Information:**

Interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Skills:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational Background:

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**Volunteer History:**

Have you Volunteered Before?            YES            NO

Please list all past/present organizations you have volunteered for and describe your volunteer role(s):

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**Check Your Skills / Interests:**

*Circle all that apply*

- |                      |                       |                             |
|----------------------|-----------------------|-----------------------------|
| Computer             | Clerical              | Boards/Committees           |
| Phones/Call Center   | Bilingual             | Product Donation            |
| Special Events       | Public Speaking       | School Supply Drive         |
| Fundraising          | Home Visitations      | Training                    |
| Resource Investment/ | Community Focus Areas | Disaster Response Volunteer |
| Children's Programs  | Youth Development     | Photography/Journalism      |

Others: \_\_\_\_\_

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**\*\*Drivers License / Auto Insurance disclaimer: Drivers License and Automobile Insurance information is collected for Youth & Family Connection liability reasons only.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## References

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_



## Volunteer Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of Weld County Juvenile Assessment Center dba Youth & Family Connections, a Colorado nonprofit corporation, its directors, officers, employees, and agents (collectively, "YFC"). The Volunteer desires to work as a volunteer for YFC and engage in the activities related to being a volunteer (the "Activities").

The Volunteer freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless YFC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with YFC.

Volunteer understands that this Release discharges YFC from any liability or claim the Volunteer may have against YFC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with YFC, whether caused by the negligence of YFC or its officers, directors, employees, or agents or otherwise. Volunteer also understands that YFC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Insurance:** The Volunteer understands that YFC does not carry or maintain health, medical, or disability insurance for any Volunteer. **Each Volunteer is expected and encouraged to carry his or her own medical or health insurance coverage.**

**Medical Treatment:** Volunteer does hereby release and forever discharge YFC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with YFC.

**Assumption of the Risk:** The Volunteer understands that the Activities may include, but not be limited to, working in the YFC office, moving and lifting heavy objects, loading and unloading, and transportation to and from work sites. Volunteer hereby specifically assumes the risk of injury or harm in the Activities and releases YFC from all liability for injury, illness, death, or property damage resulting from the Activities.

**Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.**

**Volunteer (Signed Name):** \_\_\_\_\_

**Volunteer (Printed Name):** \_\_\_\_\_

**Parent's name, if under 18 (please print):** \_\_\_\_\_

**Parent (Signed Name):** \_\_\_\_\_



## Confidentiality Agreement

I, \_\_\_\_\_ understand and agree to comply with the terms of this confidentiality agreement with Youth & Family Connections (YFC).

I understand that any information relating to youth, their identity, any personal information, assessment/evaluation material or results, case manager notes or any information about youth/families contained in the records/data base system of YFC is sensitive and confidential information; and its release to unauthorized persons is prohibited pursuant to CRS 19-1-301 thru 19-1-304.

I agree to maintain the confidentiality of any information I may view or have access to, as part of my working relationship/assignment with YFC. Any reports, papers or publications that may result from my working with YFC will not contain any specific identification information of any youth/family.

I understand that failure to comply with this confidentiality agreement may result in termination of my working relationship/assignment with YFC and possible legal consequences.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Conflict of Interest**

It is the policy of the Weld County Juvenile Assessment Center (JAC) that all staff, volunteers, and board members scrupulously avoid conflicts of interest between the interests of the JAC on one hand, and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

The purpose of this policy is to protect the integrity of JAC's decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff and board members.

Upon or before election or appointment to the Board of Directors, members will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and will be updated as appropriate.

In the course of meetings or activities, members will disclose any interests in a transaction or decision where their family, employer, or close associates will receive a benefit or gain. After disclosure, the member may be asked to leave the room for the discussion and will not be permitted to vote on the question.

Board members are encouraged to bring to the attention of the Board any instance they believe may constitute a conflict of interest. The Board will determine if a conflict of interest exists and provide direction for the member at that time.

Adopted: January 7, 2010

**Weld County Juvenile Assessment Center**  
**Conflict of Interest Disclosure Statement**

Name (please print): \_\_\_\_\_

I acknowledge that I have received and read the Board Conflict of Interest Policy of the Weld County Juvenile Assessment Center.

I hereby disclose that I, or my immediate family has the following relationships that may be a potential conflict of interest (please describe).

**Organization Interests** (e.g., owner, board service, significant supporter, or employment in an organization that may seek support from the Weld County Juvenile Assessment Center):

**Business Interests** (e.g., board membership, ownership, or employment in a firm that may have or seek business with the Weld County Juvenile Assessment Center):

**Other Interests** (e.g., elected official, government employee, consumer, parent of consumer, etc.):

I have disclosed all potential conflicts of interest with regard to my decision-making role(s) in the Weld County Juvenile Assessment Center and will refrain from any vote or participation in any board of committee action affecting these other interests.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**YOUTH & FAMILY CONNECTIONS  
PHOTO/VIDEO RELEASE AGREEMENT**

Youth & Family Connections is a non-profit organization that provides youth and families resources and alternatives that lead to a successful life.

I understand that Youth & Family Connections has taken photographs/video pictures/or sounds of me for use in their promotional materials.

I assign all rights in and to such photographs/videotapes to Youth & Family Connections and authorize, without limitation, the right to reproduce, copy, exhibit, broadcast or distribute any such photograph/videotape for local promotional purposes. I understand that I will not be paid or compensated in any way for the use of said photographs/ videotapes by Youth & Family Connections, and hereby waive all rights or claims against Youth & Family Connections for compensation now or in the future.

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**SIGNATURE OF TALENT**

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**DATE**

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**SIGNATURE OF TALENT'S PARENT OR LEGAL GUARDIAN**

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**PRINT NAME**

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**ADDRESS**

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**CITY**

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**STATE**

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**ZIP CODE**

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**PHONE**

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**EMAIL**

**Youth & Family Connections**  
2835 W 10<sup>th</sup> Street, Greeley CO 80634  
(970) 351-5460 (970) 351-5484  
Attn: Jessica Blackburn